## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	4/4/2014	Address:	521 E. 2 <sup>nd</sup> St
Incident #:	14ISPC002787		Mt. Vernon, IN 47620
County:	Posey		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
<ul><li>☐ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		Residence Outbuilding Vehicle	<ul><li>Hotel/Motel</li><li>Open – No Structure</li><li>Other:</li></ul>
(check all that	: Location (bedroom, kitchen, open air, of apply) or Birch Reaction(s):	<u>etc)</u>	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s):			
Flammable Solvents: <u>Upstairs Bedroom</u>			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: <u>Upstairs Bedroom</u>			
Corrosive Base: <u>Upstairs Bedroom</u>			
Other (item and location):			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
☐ Yes ☑ No	age 18 discovered (check appropriate) (number present)  not present but evidence they reside	unclean Estimated le occurring:	itions of home: clean disarray  ngth of time manufacturing had been  nformation:
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Fire Department City, Township or County Mt. Vernon FD Health Department County: Posey County Health Dept Department of Child Services Hotline: dcshotlinereports@dcs.in.gov  Fax: 812-838-3447 Fax: 812-838-8561 Fax: 812-838-8561			
	ormation regarding this methamphetar Officer: Tpr. Brandon R. Deig Phon	nine laboratory, cont e <u>(812)867-2079</u>	tact

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.